

REQUEST FOR CLEARANCE OF AN INTERAGENCY REPORTING REQUIREMENT		1. FOR GSA USE																	
INSTRUCTIONS Submit original and one copy together with one copy each of the proposed report, supporting directive and justification statement to GSA, NARS, Office of Records Management. See FPMR (CFR 41) 101-11.11 for further instructions.		a. Interagency Report Control No. _____ b. Currently assigned expiration date: _____																	
2. NAME, ADDRESS AND ZIP CODE OF REQUESTING AGENCY UNITED STATES TRANSPORTATION COMMAND 508 SCOTT DRIVE SCOTT AFB IL 62225-5357		3. TITLE OF PROPOSED REPORTING REQUIREMENT Printing, Duplicating, and Copying Management Report																	
4. TYPE OF REQUEST a. <input checked="" type="checkbox"/> NEW b. <input type="checkbox"/> REVISION c. <input type="checkbox"/> EXTENSION (No change) d. <input type="checkbox"/> WAIVER	5. FREQUENCY OF USE a. <input type="checkbox"/> SINGLE TIME b. <input type="checkbox"/> ON OCCASION c. <input type="checkbox"/> WEEKLY d. <input type="checkbox"/> MONTHLY e. <input type="checkbox"/> QUARTERLY f. <input type="checkbox"/> SEMI-ANNUALLY g. <input checked="" type="checkbox"/> ANNUALLY h. <input type="checkbox"/> OTHER (Specify) _____	6. REVISIONS AND EXTENSIONS a. Currently assigned Interagency Report Control No. _____ b. Currently assigned expiration date: _____																	
7. CANCELED OR MODIFIED REPORTS OR FORMS (List by title and Interagency Report Control or OMB Approval Number any Reports and Forms to be canceled or modified by this Interagency Report) <div style="text-align: center; padding-top: 10px;">None</div>																			
8. SUMMARY OF ESTIMATED REPORTING WORKLOAD <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">a. Number of responding agencies</td> <td style="width: 20%; text-align: center;">4</td> </tr> <tr> <td>b. Number of times this report submitted annually by each responding agency</td> <td style="text-align: center;">1</td> </tr> <tr> <td>c. Total number of reports submitted annually (a X b)</td> <td style="text-align: center;">4</td> </tr> <tr> <td colspan="2"><i>(Items d and e apply to Interagency Public Reports only)</i></td> </tr> <tr> <td>d. Average number of man-hours required to prepare and transmit one report</td> <td></td> </tr> <tr> <td>e. Total number of man-hours required to prepare and transmit reports annually (c X d)</td> <td></td> </tr> </table>				a. Number of responding agencies	4	b. Number of times this report submitted annually by each responding agency	1	c. Total number of reports submitted annually (a X b)	4	<i>(Items d and e apply to Interagency Public Reports only)</i>		d. Average number of man-hours required to prepare and transmit one report		e. Total number of man-hours required to prepare and transmit reports annually (c X d)					
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10. SIGNATURE OF INTERAGENCY REPORTS COORDINATOR SARAH JANE SMITH Chief, FOIA, PA, and Reports Mgt Div		DATE <div style="text-align: center; padding-top: 10px;">9 Jan 97</div>																	
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11. DISPOSITION OF REQUEST BY GSA, NARS, OFFICE OF RECORDS MANAGEMENT a. <input type="checkbox"/> APPROVED b. <input type="checkbox"/> DISAPPROVED (See attachment) c. <input type="checkbox"/> RECOMMENDED MODIFICATION (See attachment)		REMARKS 																	
12. SIGNATURE OF INTERAGENCY REPORTS MANAGEMENT OFFICER 		DATE 																	